MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF CHILD CARE

HEALTH REPORT FOR SCHOOL-AGE CHILD

(TO BE COMPLETED BY PARENT)

I. IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE

II. IMMUNIZATION HISTORY

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

IMMUNIZATION	DATES GIVEN					
	DOSE NO. 1	DOSE NO. 2	DOSE NO. 3	DOSE NO. 4	DOSE NO. 5	DOSE NO. 6
_____ DPT/DT/DTAP						
_____ Polio						
_____ Hepatitis B						
_____ Hib						
_____ MMR						
_____ Varicella						

III. CURRENT HEALTH PROBLEMS

a) ALLERGIC TO THE FOLLOWING; OR ALLERGIES

b) ANY SPECIAL MEDICAL CONDITION/PROBLEM THE CHILD CARE PROVIDER SHOULD BE AWARE OF

c) SPECIAL MEDICATION FOR CHRONIC PROBLEMS

IV. RESTRICTIONS NECESSARY FOR THE CHILD'S CARE

SPECIFY

THIS WILL CERTIFY THAT MY CHILD IS, TO MY KNOWLEDGE, IN GOOD HEALTH AND FREE OF DISABILITIES THAT WOULD ENDANGER HIM/HER OR OTHER CHILDREN IN CHILD CARE.	PARENT'S OR LEGAL GUARDIAN'S SIGNATURE	DATE